

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
39836,541

APPLICANT(S)

FILING DATE  
4-14-01

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1					
2		1				
3		1				
4		1				
(5)	1					
6		1				
7		1				
(8)	1					
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49						
50						
TOTAL IND.	44					
TOTAL DEP.	6					
TOTAL CLAIMS	10					

CLAIMS	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
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